

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014799

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No.

Registrar's No. 44

FILED MAY 14 1963

1. PLACE OF DEATH

a. COUNTY Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN FairfaxLength of stay in 1b
5 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Fairfax Comm HosptInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Atchison

c. CITY
OR
TOWN Rock PortInside Limits
Yes ☐ No ☒d. STREET
ADDRESS Pleasant View Rest Home
Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Elizabeth

Postlewait

4. DATE
OF
DEATH

Month

Day

Year

May

5, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/13/1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

9 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY

Norwood, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S

13a. FATHER'S NAME

James F. Postlewait

13b. MOTHER'S MAIDEN NAME

Laura Porter

14. NAME OF HUSBAND OR WIFE

single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

James Postlewait Tarkio, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

5 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral Arterio-sclerosis

5 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1958 to May 5, 1963 and last saw him alive on May 5, 1963
Death occurred at 6:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Rock Port, Mo.

22c. DATE SIGNED

5/7/63

23a. BURIAL, CREMATION;
REMOVAL (Specify)

burial

23b. DATE

5/7/1963

23c. NAME OF CEMETERY OR CREMATORY

Home Cemetery

23d. LOCATION (City, town, or county)

Tarkio, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Davis Funeral Home Tarkio, Mo.

25. DATE RECD. BY LOCAL REG.

May 12, 1963

26. REGISTRAR'S SIGNATURE

Thermin H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0030

2 0030

3

4

5 0

6

7 1

8 2

9 331X

10

11

12 1-0

13 1-0

STATEMENT, BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank A. Brown

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.